

COUNTY OF COCHISE SHERIFF'S OFFICE SEARCH AND RESCUE 205 N. JUDD DRIVE BISBEE, ARIZONA 85603 (520) 384-7057

TO: Search and Rescue Applicants

FROM: Sgt. David Noland, Search and Rescue Coordinator

Sgt. Ursula Ritchie Detective John Monroe Detective Adam Kartchner

Deputy Tom Fair

RE: APPLICATION PROCEDURES

Thank you for your interest in the Cochise County Sheriff's Office Search and Rescue Posse. You must be at least 18 years of age and the following criteria are to be used in making your application to Search and Rescue.

Please complete the attached application and return it to the Sheriff's Office Substation that you received it from.

The following items are also needed to complete your application and these need to be attached to your completed application:

- 1. Two passport" sized photographs
- 2. One completed "applicant" fingerprint cards. (These can be completed at any Police Dept. or County Jail)
- 3. A copy of your driver's license or identification card

Upon successful completion of a background investigation and submission of the listed materials, you will be asked to attend a monthly SAR business meeting and meet the SAR Posse Command Staff for further consideration. Upon being accepted to the SAR Posse a training period will begin, the training and standards will be provided to you.

Thank you again for your interest in the Search and Rescue Posse,

Sgt. David Noland SAR Coordinator

EXPECTATIONS:

Due to the nature of Search and Rescue operations, it is of extreme importance that regular training is conducted and members are outfitted with the proper equipment. To these ends, regular training is a must and attendance rosters are kept. Member's basic equipment will be inspected at regular intervals to ensure compliance with the minimums required.

You will be expected to attend training on a regular basis. This training takes place on the third Saturday of the month at various sites within the county. Specialized training, i.e.: technical rescue, K-9, mounted, divers, etc. is conducted on the first Saturday of the month, again at various sites. This is in addition to the monthly business meeting held on the first Thursday of each month at 6:30 p.m. at the Sheriff's Substation in Sierra Vista, which is located at 4001 E. Foothills Drive.

New members will be placed on a 120-day probationary period and be given a temporary ID card. During this time the new member must demonstrate his/her professional intentions and capabilities to the organization. The new member **must** attend 70% of all meetings, training and missions during the probationary period. At the end of the probationary period, the SAR Manager, SAR Coordinators and training staff will evaluate the new member. If the new member has shown satisfactory attendance and performance, he/she will be given a permanent ID card and will be made a permanent SAR team member.

MINIMUM REQUIRED EQUIPMENT:

The following is a guideline for new members and applicants. This is the **MINIMUM** equipment list for use as a member of a search and rescue team involved in land searches. This list is not all encompassing and is designed to give new members a basic idea of the minimum they will be expected to have shortly after acceptance into the SAR Posse. A complete list of equipment and technical rescue gear is contained in the Cochise County Sheriff's Office Search and Rescue Policy and Procedure manual, which new members will be issued.

The Sheriff's Office maintains a large cache of technical rescue gear. It is not the responsibility of the individual member to provide gear of this nature. The gear that will be provided by the member will be of a personal protective nature.

UNIFORM:

- 1. Long Sleeve "International Orange" shirt, provided by the Sheriff's Office.
- 2. Appropriate long pants for the weather conditions. **NO** shorts.
- 3. Sturdy, good quality leather field or hiking boots.
- 4. Protective helmet. ANSI/OSHA approved type.

EQUIPMENT:

- 1. Backpack (day or fanny style not approved) pack must be able to carry equipment and supplies for a minimum of 24 hours in the field.
- 2. Two Quart canteen
- 3. Compass
- 4. Flashlight and extra batteries
- 5. Poncho or appropriate rain gear
- 6. Emergency survival blanket
- 7. Food rations for 24 hours (MRE or similar)
- 8. Pen and waterproof paper
- 9. Personal first aid kit
- 10. Eye protection
- 11. Leather gloves
- 12. Whistle
- 13. Signal mirror
- 14. Matches in waterproof container
- 15. Pocketknife or multi-pliers type tool
- 16. Coil of parachute cord or heavy nylon line

Team members who desire to train and become proficient in technical rescue duties will be required to obtain equipment appropriate for those duties. A list of the required equipment will be discussed during training and provided to those members participating on the Technical Rescue Team.

COCHISE COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

INSTRUCTRUCTIONS: PLEASE PRINT OR TYPE. If space is not sufficient, number your responses on the reverse side of the application and complete. Answer all questions fully and accurately. Check appropriate box below.

| , | | | | |
|--|----------------------|-----------------|--|--|
| I would like to volunteer my services assist in any authorized local, state, nat | | Rescue Team and | | |
| A. I am available to attend required me available to respond to most search | | | | |
| 1. PERSONAL INFORMATION: | DATE: | | | |
| NAME: | SSN: | | | |
| OTHER NAMES USED: | | | | |
| DATE OF BIRTH: | PLACE OF BIRTH: | | | |
| MALEFEMALE HEIGHT: | WEIGHT: HAIR COLOR:_ | EYE: | | |
| DRIVERS LICENSE NUMBER | STATE | | | |
| CONTACT INFORMATION: | | | | |
| HOME PHONE NUMBER: | WORK NUMBER: | | | |
| CELL NUMBER: PAGER NUMBER: | | | | |
| EMAIL ADDRESS: | | | | |
| HOME ADDRESS: | | | | |
| | | | | |
| | | | | |
| PREVIOUS ADDRESSES: | | | | |

| MARITAL STATUS: | _SPOUSES NAM | 1E: | | |
|---|--------------------------|----------------------------|--|--|
| PERSON TO BE NOTIFIED IN CASE OF I | EMERGENCY | (OTHER THAN SPOUSE): | | |
| 2. VEHICLES OWNED: | | | | |
| MAKE/MODEL: | | YEAR: | | |
| LICENSE NUMBER: | VIN: | | | |
| MAKE/MODEL: | | YEAR: | | |
| LICENSE NUMBER: | VIN: | | | |
| DO YOU HAVE AUTO INSURANCE? | COMPANY: | | | |
| POLICY NUMBER: | POLICY NUMBER:EXP. DATE: | | | |
| 3. REFERENCES: LIST TWO PEOPLE, 0 FOR AT LEAST TWO | YEARS. | · | | |
| NAME: | PHONE | NUMBER: | | |
| ADDRESS: | | | | |
| NAME: | PHONE | NUMBER: | | |
| ADDRESS: | | | | |
| 4. GENERAL INFORMATION: | | | | |
| SPECIAL SKILLS TRAINING: | | | | |
| | | | | |
| LIST ANY CIVIC OR VOLUNTEER ORGA | NIZATION YOU | ARE CURRENTLY A MEMBER OF: | | |
| | | | | |
| WHY DO YOU WANT TO BE A VOLUNTE OFFICE? | | OCHISE COUNTY SHERIFF'S | | |

| WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THE OFFICE. | E COCHISE COUNTY SHERIFF'S |
|---|---------------------------------|
| PLEASE PROVIDE CERTIFICATION DOCUMENTATIO PROVIDE ANY DOCUMENTATION YOU FEEL MAY SH | |
| IS THERE ANY OTHER INFORMATION YOU FEEL WO AGENCY TO HAVE REGARDING YOUR APPLICATION COCHISE COUNTY SHERIFF'S OFFICE? | N AS A VOLUNTEER FOR THE |
| | |
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| | |
| CERTIFICATION: | |
| I CERTIFY THAT THE INFORMATION IN THIS APPLIC KNOWLEDGE. | ATION IS TRUE TO THE BEST OF MY |
| SIGNATURE: | DATE: |

COCHISE COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION CONTINUATION SHEET

| NHY DO YOU WANT TO JOIN THE SEARCH AND RESCUE TEAM? | | | | |
|---|---|--|--|--|
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| | | | | |
| | | | | |
| HAT DO YOU FEEL | YOU CAN CONTRIBUTE TO THE SEARCH AND RESCUE TEAM? | | | |
| | | | | |
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PLEASE MARK THE ITEMS YOU POSESS AND ARE WILLING TO USE ON A SEARCH AND

RESCUE MISSION.

| EQUIPMENT | POSSESS | WILLING TO USE |
|-------------------------|---------|----------------|
| 4 X 4 VEHICLE | Y N | Y N |
| RADIOS (HAM, ETC.) | Y N | Y N |
| ATV | Y N | Y N |
| HORSE AND HORSE TRAILER | Y N | Y N |

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TRAINING:

INDICATE THE LEVEL OF TRAINING OR EXPERIENCE IN THE FOLLOWING AREAS:

| | EXPERT | CERTIFIED | SOME EXPERIENCE | INTEREST |
|---------------|--------|-----------|-----------------|----------|
| FIRST AID | | | | |
| CPR | | | | |
| | | | | |
| IEMT | | | | |
| | | | | |
| | | | | |
| | | | | |
| CAVING | | | | |
| CAVE RESCUE_ | | | | |
| | | | | |
| SCUBA DIVING_ | | | | |
| SEARCH (TECHN | NICAL) | | · | |
| | | | | |
| TRACKING | | | | |
| | | | | |
| | | | | |
| OTHER | | | | |

| APPLICANT SIGNATURE | DATE |
|---------------------|------|

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